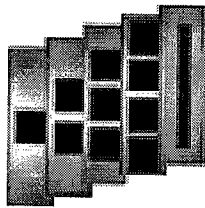


United States Army Reserve

Warrant Officer Application

Sample Packet



Steps to Process a Warrant Officer (WO) Application

1. References:

- a. Army Regulation 135-100 dated 1 Sep 94
- b. DA Circular 601-99-1 dated 23 Apr 99
- c. USARC Regulation 140-6 dated 1 Aug 03
- d. Army Regulation 40-501 dated 29 Aug 03

2. Applicants must meet the following **NONWAIVERABLE** requirements:

- a. Possess a General Technical (GT) score of 110 or higher
- b. Be a US citizen
- c. Possess a Secret security clearance (an interim or continued access clearance is also acceptable)
- d. Be a high school graduate or have a GED
- e. Pass 3-event APFT (no profiles) and meet height and weight standards
- f. Pass a Chapter 2, pre-commissioning physical (technical MOSs) or a Class 1A flight physical (aviators) in accordance with reference 1.d

3. General prerequisites for all technical WO MOSs are: SGT or higher, BNCOC graduate, 4-6 years' experience in the field for which applying, meet minimum prerequisites as determined by the WO proponent, and be less than 46 years of age. The Warrant Officer Accession NCO (WOANCO) is responsible for assisting the applicant prepare and process the application.

4. Assemble the application using the sample packet as a guide. **The Army Reserve Warrant Officer Checklist (USARC test Form 135-R) must be submitted with the completed packet.** (The test period for this form will expire upon implementation of the automated application system.) **DO NOT** send an incomplete application with plans to send the missing document(s) later. **DO NOT** use document protectors or binders.

5. DA Form 61 and DA Forms 3574/3575 are on Delrina Form Flow. Soldiers complete the DA Form 3574 on their first term of service, and soldiers on a subsequent enlistment complete the DA Form 3575.

6. Applicants should submit the completed application to the Warrant Officer Accessions NCO. WOANCO will send completed application to the RRC Special Mission NCO for processing. The RRC Special Mission NCO will screen the application for completeness, accuracy, and compliance with the minimum prerequisites. The RRC Special Mission NCO will notify the WOANCO of any discrepancies.

7. The RRC Special Mission NCO will send the completed application to the OCAR-RTD WO Section for final screening and processing.

- a. Technical WO applications: RTD will forward applications to the appropriate proponent for a technical evaluation. RTD will prepare proponent-approved applications for presentation to the next scheduled DA WO selection board. RTD will return proponent-disapproved applications to the RRC Special Mission NCO with explanation of disapproval.

Steps to Process a Warrant Officer (WO) Application (cont.)

b. Applications that are incomplete or need corrections will be held at the OCAR-RTD WO Team no more than 10 days after receipt, pending receipt of required corrections. RTD will return applications to the RRC Special Mission NCO after 10 days. The RRC may resubmit the WO application to RTD upon completion.

8. Selection by the DA Board held at HQ USAREC: Applicants will be notified of the DA Board results through their RRC. The Army Human Resources Command (AHRC) will notify all selected applicants of their Warrant Officer Candidate School (WOCS) date. It usually takes 15 days to receive the school notification.

9. Waivers: RTD will forward applications requiring a moral waiver to the AHRC, age waivers to the DA G-1, and medical waivers to the USAREC Surgeon. Allow 3 weeks for completion of this process.

Checklist Additional Instructions

1. Prepare the **DA Form 61** using the example provided. Pay particular attention to the following areas:

a. **Block 21:** List all colleges attended with either degree/credits and the graduation or expected graduation date. (If you list college be sure to include a copy of transcripts in packet)

b. **Block 26:** Exclude traffic violations involving a fine of \$250.00 or less.

c. **Block 41:** Use the format shown with your data entered and signed by your commander. If the commander is unavailable to sign and his/her representative signs, you must enclose a copy of the signature authority memorandum with your application. The Army standard 3 event APFT is the only acceptable test and must be current. Applicants who do not meet height/weight standards of AR 600-9 must submit a Body Fat Content Worksheet.

d. **Block 42:** Ensure you sign and date before forwarding your application. (Applicant signature and date must not be before the date of the APFT)

2. **Company and Battalion Commander letters of recommendation** should be 3 to 5 paragraphs long, with specific, quantifiable comments about your character and tactical and technical competence. Letters with generic, flowery sentences are not effective in communicating your qualifications to either the proponent or the board. Use memorandum format and address to President, Warrant Officer Accession Board. Make every attempt to obtain a letter from a Senior Army Warrant Officer (CW3-CW5) from the MOS for which you are applying. If there is no WO available, you may use the first Field Grade Officer (MAJ, LTC, COL) to verify your technical abilities. Civilian letters of recommendation should be on company letterhead and should be directed toward your experience and supervisory abilities.

3. **Resume:** Prepare a resume using the format provided. You must use this format; however, you can lengthen or shorten the resume as needed. Make sure you sign and date the resume.

Checklist Additional Instructions (cont.)

4. **Transcripts** are required to verify all education and must show course title, credit hours awarded, and grade received; for example, Engl 101, 3 hrs, A. Copies are acceptable.
5. An official **DA photo** is required. Other services photos are acceptable, but the Class A uniform is mandatory. (**Exceptions are allowed for applicants who are deployed**)
6. **Physical: MUST BE CERTIFIED TRUE COPY.** Blocks 15 and 74 of the DA 2808 and Block 6 of the DA 2807 must reflect WOC Appointment, Commissioning, DAZ, WOC School or similar wording.
7. **Security Clearance:** Provide a memorandum from your RRC/DRC Security Manager stating your clearance level, the agency that granted it, and the date granted. A SECRET clearance is required. An Interim SECRET or Continued Access SECRET clearance is acceptable, as long as the Security Manager verifies it.

Army Reserve Warrant Officer Checklist

(The proponent agency is OCAR RTD)

RRC: _____ Rank: _____ MOS: _____

Applicant's Name: _____

Unit Assigned: _____ UIC: _____ Unit Phone: _____

Unit Address: _____

Applicant is: USAR TPU _____ OTHER _____

YES NO

- ____ DA Form 61 (w/Commander's statement signed in Block 41)
- ____ Recommendation by Applicant's Unit Commander
- ____ Recommendation by Applicant's Battalion Commander
- ____ Other Letters of Recommendation
- ____ Waivers: Moral _____ Prerequisite _____ Age _____ Medical _____ BNCOC _____
- ____ DA Photo
- ____ Resume
- ____ DA Forms 2A and 2-1
- ____ DA Form 2166-8 (NCOERs for last five years)
- ____ NCOER Letter (for missing evaluations)
- ____ Training Certificates - MOS - Leadership
- ____ Transcripts
- ____ Security Clearance Letter (Clearance level, investigation, date initiated)
- ____ DA Form 3574 or 3575
- ____ Statement of Understanding
- ____ Preappointment Physical with HIV and drug/alcohol results within 18 months of DA board
- ____ Statement of Religious Practices
- ____ Unit Vacancy Report
- ____ UIC _____ Para _____ Line _____ Posn _____ WMOS _____ Grade _____
- ____ Is applicant mobilized?

WOANCO/LRTNCO OF CREDIT: _____ Phone: _____

RRC/MS: _____

I HAVE REVIEWED THIS APPLICATION:

SPECIAL MISSION NCO NAME: _____

SIGNATURE: _____

DCRO NAME: _____

SIGNATURE: _____

For use of this form, see AR 135-100, AR 145-1, AR 351-5, and AR 601-100; the proponent agency is DCSPER

AUTHORITY: Title 10 United States Code, Section 3012 (Title 5 United States Code, Section 552a)

PRINCIPAL PURPOSE: To obtain an appointment as a commissioned or warrant officer in the Regular Army or Army Reserve, or to obtain selection to attend the US Army Officer Candidate School.

ROUTINE USES: Basis for determination of qualifications and background information for eligibility for consideration for appointment as a Regular Army or Army Reserve commissioned/warrant officer or for selection for attendance at the US Army Officer Candidate School.

DISCLOSURE Disclosure of information requested in DA Form 61 is voluntary. Failure to provide the required information will result in non-acceptability of the application.

USAPPC V2.00

24. ARE YOU NOW, OR HAVE YOU EVER BEEN A CONSCIENTIOUS OBJECTOR? ☐ YES ☒ NO (If yes, attach affidavit)

25. ☒ I UNDERSTAND THAT, IF I AM SELECTED FOR APPOINTMENT, I WILL BE EXPECTED TO ACCEPT SUCH ASSIGNMENTS AS ARE IN THE BEST INTEREST OF THE SERVICE REGARDLESS OF MY MARITAL STATUS AND/OR RESPONSIBILITY FOR DEPENDENTS; AND IT IS MY RESPONSIBILITY TO MAKE APPROPRIATE ARRANGEMENTS FOR THE CARE OF MY DEPENDENTS SHOULD I BE REQUIRED TO PERFORM DUTY IN AN AREA WHERE DEPENDENTS ARE NOT PERMITTED.

26. HAVE YOU EVER UNDER EITHER MILITARY OR CIVILIAN LAW BEEN INDICTED OR SUMMONED IN TO COURT AS A DEFENDANT IN A CRIMINAL PROCEEDING (Including any proceedings involving juvenile offenses, article 15, UCMJ, and any court-martial) REGARDLESS OF THE RESULT OF TRIAL, OR CONVICTED, FINED, IMPRISONED, PLACED ON PROBATION, PAROLED OR PARDONED, OR HAVE YOU EVER BEEN ORDERED TO DEPOSIT BAIL OR COLLATERAL FOR THE VIOLATION OF ANY LAW, POLICE REGULATION OR ORDINANCE? (Exclude traffic violations involving a fine or forfeiture of \$100 or less).

☐ YES ☒ NO IF YES, ATTACH REQUEST FOR WAIVER LISTING THE DATE, THE NATURE OF EACH ALLEGED OFFENSE OR VIOLATION, THE NAME AND LOCATION OF THE COURT OR PLACE OF HEARING, AND THE PENALTY IMPOSED OR OTHER DISPOSITION OF EACH CASE AND FURNISH COPY OF COURT ACTION OR DETAILED STATEMENT IN AFFIDAVIT FORM AS TO THE OUTCOME OF EACH CASE.

27. ACTIVE MILITARY SERVICE (Indicate tour with each organization separately - show ROTC Camps in Item 39)

	a. ORGANIZATION (US Armed Forces, USCG, NOAA, US Public Health Service, Peace Corps)	b. DATES (Day, Month, Year)		c. BRANCH/MOS (As appropriate)	d. PRIOR SERVICE NO. (If applicable)	e. HIGHEST GRADE AND COMPONENT
		FROM	TO			
ENLISTED	Army Reserve Control Group (AGR)	27 Dec 91	31 Apr 95	75H30		SSG/RC
	U.S. Army	25 Jun 87	24 Jun 89	71L10		SPC/AC
WARRANT OFFICER						
COMMISS- SIONED						

f. DATE CURRENT ACTIVE DUTY TOUR TERMINATES _____ g. DATE OF LAST ADL PROMOTION _____

28. RESERVE OR NATIONAL GUARD SERVICE (Not on active duty)

	a. ORGANIZATION (US Armed Forces, USCG, NOAA, US Public Health Service, Peace Corps)	b. DATES (Day, Month, Year)		c. BRANCH/MOS (As appropriate)	d. PRIOR SERVICE NO. (If applicable)	e. HIGHEST GRADE AND COMPONENT
		FROM	TO			
ENLISTED	Army Reserve	01 May 95	Present	75H30		SSG/RC
	Michigan Army National Guard	03 Jan 90	03 Dec 90	75B20		SGT/ARNG
	Army Reserve Control Group (IRR)	25 Jan 89	02 Jan 90	71L10		SPC/RC
WARRANT OFFICER						
COMMISS- SIONED						

29. SOURCE OF CURRENT COMMISSION (If applicable)

ARNGUS: ☐ OCS ☐ DIRECT APPOINTMENT ☐ OTHER

USAR: ☐ ROTC ☐ ROTC (ECP) ☐ ROTC (SMP) ☐ OCS

☐ DIRECT APPOINTMENT

30. AWARDS (Do not list theater or service medals)
AAM, ARCAM, MSM, ARCOM
(Personal Awards)

31. HAVE YOU EVER APPLIED AND NOT BEEN SELECTED FOR: a. ROTC ☐ YES ☐ NO b. OCS ☐ YES ☐ NO

c. APPOINTMENT IN RESERVE COMPONENT (USAR/ARNG)	YES	NO	d. APPOINTMENT IN REGULAR ARMY	YES	NO
AS A WARRANT OFFICER		X	AS A WARRANT OFFICER		X
AS A COMMISSIONED OFFICER		X	AS A COMMISSIONED OFFICER		X

e. IF ANSWER IS "YES", EXPLAIN FULLY

32. ARE YOU NOW OR HAVE YOU EVER BEEN IN THE MILITARY SERVICE OF OR BEEN EMPLOYED BY A FOREIGN GOVERNMENT (If yes, give dates, country and type of service or employment)
NO

33. HAVE YOU EVER RESIGNED OR BEEN ASKED TO RESIGN IN LIEU OF ELIMINATION PROCEEDINGS; BEEN DISCHARGED IN LIEU OF ELIMINATION, FURLOUGHED (other than regular furlough or leave), OR PLACED ON INACTIVE STATUS WHILE SERVING IN THE US ARMED FORCES; OR, HAVE YOU EVER RESIGNED OR BEEN ASKED TO RESIGN FROM A POSITION WHILE IN PRIVATE OR GOVERNMENT EMPLOYMENT? (If yes, state circumstances; if more space is required, continue on separate sheet).

☐ YES ☒ NO

34. APPLICANTS FOR JUDGE ADVOCATE GENERAL'S CORPS ONLY

35. APPLICANTS FOR
CHAPLAINS BRANCH ONLY

BARS OF WHICH YOU ARE A MEMBER (Specify dates)

RELIGIOUS DENOMINATION BY
WHICH YOU WILL BE ENDORSED

36. APPLICANTS FOR MEDICAL AND DENTAL CORPS ONLY

a. TRAINING		b. NAME AND LOCATION OF HOSPITAL	c. DATES (Month and Year)	
LEVEL	TYPE		FROM	TO
INTERNSHIP				
RESIDENCY TNG				
SPECIALTY TNG				
d. SPECIALTY BOARDS			e. DATES OF CERTIFICATION (Day, Month, Yr)	
f. PLACE IN WHICH CURRENTLY LICENSED				

37. APPLICANTS FOR ARMY NURSE CORPS AND ARMY MEDICAL SPECIALIST CORPS ONLY

a. NAME OF NURSING OR ACCREDITED PROFESSIONAL SCHOOL		b. LOCATION	
c. DATES OF ATTENDANCE (Mo, Yr)		d. STATE AND CURRENT REGISTRATION NUMBER	
FROM	TO		
e. STATE AND DATE OF INITIAL REGISTRATION (Day, Month, Year)			
f. POSTGRADUATE COURSES (Include courses at general hospitals, service schools, and short courses)			
(1) SUBJECT OR COURSE	(2) NAME AND LOCATION OF SCHOOL OR HOSPITAL	(3) SEMESTER CREDITS EARNED	(4) DATES OF ATTENDANCE (Month, Year)
			FROM TO

38. HAVE YOU BEEN EMPLOYED BY THE US ARMY AS A DIETITIAN, OCCUPATIONAL OR PHYSICAL THERAPIST? (If yes, give dates)
☐ YES ☐ NO

39. ARMY ROTC (To be completed only by prospective ROTC graduates applying for appointment in USAR or RA)

SUCCESSFULLY COMPLETED ROTC PROGRAM AS FOLLOWS			
COURSE	DATES ATTENDED (Month and Year)		c. CAMP TRAINING
	FROM	TO	
a. BASIC			(1) INSTALLATION (Basic) COMPLETION DATE (Month, Year)
b. ADVANCED			(2) INSTALLATION (Advanced/Ranger) COMPLETION DATE (Month, Year)

40. MAIN CIVILIAN EMPLOYMENT

a. NAME AND ADDRESS OF EMPLOYER	b. JOB TITLE	c. MONTH AND YEAR	
AB Consumer Products, Tel #(555) 555-1213 1111 Market Place, Louisville, KY 40225	Electrical Engineer	FROM	TO
		Feb 2002	Present

b. PRINCIPAL DUTIES (Describe briefly)

Aid in design and testing of new electronic products, data organization and improve factory operations

41. REMARKS (Experience, proficiencies and special abilities not shown elsewhere in this application. Those required to enter primary entry specialties, see Para 1-27d,e, AR 601-100). (If more space is required, attach additional sheet)

I certify that _____, successfully passed the APFT consisting of push-ups, sit-ups, and a two mile-run
(Name)
with a score of _____, on _____, the verified height is _____ inches and weight is _____ lbs.
(Date)

Verifier's Name
Rank, Branch
Title

42. THE INFORMATION CONTAINED HEREIN IS TRUE
TO THE BEST OF MY KNOWLEDGE AND BELIEF.

DATE

Dated

SIGNATURE OF APPLICANT

Signed

(Unit Letterhead)

(Office Symbol)

(Date)

MEMORANDUM FOR President, Warrant Officer Accession Board

SUBJECT: Letter of Recommendation for Selection as a Warrant Officer
(LAST NAME, First Name, MI, SSN)

1. Memorandums should be 3 to 5 paragraphs with specific, quantifiable comments about the service member's character and tactical and technical competence.
2. Can use information from the service member's entire record, including comments about schools completed, assignments, civilian expertise, deployments, impact awards, achievements and accomplishments.
3. Generic flowery comments are not effective in communicating the service member's attributes to board members. If you can change the name of the person being recommended to someone else and the comments are not false, then the letter is probably too generic to communicate effectively to board members.

(Signature)

*(Signature Block of Recommending
Officer)*

(A separate waiver request must be submitted for each prerequisite.)

(Letterhead)

(Office Symbol)

(Date)

MEMORANDUM FOR Office of the Chief, Army Reserve, Retention and Transition
Division
(DAAR- RT), 1401 Deshler Street, SW, Ft. McPherson, GA 30330-2000

SUBJECT: Request for Prerequisite
Request for Age Waiver
Request for Medical Waiver
(Select the appropriate waiver)

1. Indicate the type of waiver you are requesting. Example: Request an age waiver; Request a medical waiver; Request a prerequisite waiver for (indicating the prerequisite you wish to waive).

2. Anyone can request a prerequisite, age, or medical waiver, however; not everyone will get the waiver approved. Provide a detailed explanation why you feel this waiver should be approved. Please note that waivers are approved only in unusual circumstances. Prerequisite waiver requests that do not give adequate justification, i.e. unusual skills, unique talent, special circumstances, ect. will probably be disapproved. Asking for these waivers just because they are a part of the application will not result in approval.

(Signature)
(Full Name)
(Rank)

(You will use this moral waiver request if you responded YES to Block 26 of the DA Form 61. If you responded NO, you do not need a moral waiver.)

(Letterhead)

(Office Symbol)

(Date)

MEMORANDUM FOR Office of the Chief, Army Reserve, Retention and Transition Division (DAAR-RTD-WO), 1401 Deshler Street, SW, Ft. McPherson, GA 30330-2000

SUBJECT: Request for Moral Waiver

1. Request a waiver of the following offense: (Indicate specifically what you were charged with. Do not simply list Article 92, Article 32, etc. You must request a moral waiver for any infractions listed on your enlistment contract or for any Article 15s, to include Summarized. A moral waiver is not required for traffic fines of \$250.00 or less. Do not include court costs.)
2. Date of offense: (month and year)
3. Place of offense: (city and state)
4. Punishment imposed: (fine amount, forfeiture amount, extra duty, letter of reprimand, etc.)
5. Mitigating circumstances surrounding the charge: There are three points to address: (1) accepting responsibility for your actions, (2) the lessons learned, and (3) how you now contribute to your unit, community and military service.

(Signature)
(Full Name)
(Rank)
(SSN)

Note: A separate moral waiver request must be submitted for each offense.

(A separate waiver request must be submitted for each prerequisite.)

(Letterhead)

(Office Symbol)

(Date)

MEMORANDUM FOR Office of the Chief, Army Reserve, Retention and Transition
Division
(DAAR- RT), 1401 Deshler Street, SW, Ft. McPherson, GA 30330-2000

SUBJECT: Request for Prerequisite
Request for Age Waiver
Request for Medical Waiver
(Select the appropriate waiver)

1. Indicate the type of waiver you are requesting. Example: Request an age waiver; Request a medical waiver; Request a prerequisite waiver for (indicating the prerequisite you wish to waive).

2. Anyone can request a prerequisite, age, or medical waiver, however; not everyone will get the waiver approved. Provide a detailed explanation why you feel this waiver should be approved. Please note that waivers are approved only in unusual circumstances. Prerequisite waiver requests that do not give adequate justification, i.e. unusual skills, unique talent, special circumstances, ect. will probably be disapproved. Asking for these waivers just because they are a part of the application will not result in approval.

(Signature)
(Full Name)
(Rank)

OFFICIAL DA PHOTO

NAME: WHO, You Are
RANK: Sergeant
SSN: 000-00-0000

ADDRESS: Street Address
City, State ZIP
Telephone Number
Email:

UNIT: HHC, III Corps
Fort Hood TX 76544
DSN: 738-7411
Email:

OBJECTIVE: To obtain an appointment as a warrant officer, USAR, in MOS 153A, Aviator

CIVILIAN EDUCATION: (*This should agree with Block 21 of the DA Form 61*)

Bachelor of Science, University of Maryland, College Park, MD; Associate of Arts, Central Texas College, Killeen, TX; Diploma, Orchard View High School, Muskegon, MI (**Bold high GPA, Dean's List, special recognition, etc**)

MILITARY EDUCATION:

List in order from most recent to earliest training attended/completed

12 Jan 97 - 11 Apr 97
BNCOC
US Army Soldier Support Center
Ft Jackson, SC

Bold individual accomplishments such as **distinguished** or **honor graduate**. Stress MOS related subjects. How is school relevant? Indicating mid-level management school or just listing the scope of training is not very descriptive.

6 Aug 95 - 1 Sep 95
PLDC
NCO Academy
Camp Jackson, Korea

Resume is very important, it shows your ability to communicate in written form. Write at the 12th grade level and use a thesaurus to help with vocabulary. Do both spell and grammar checks because errors will doom an application.

1 Feb 93 - 12 Mar 93
Personnel Management Specialist
US Army Soldier Support Center
Fort Jackson, SC

There will be board members unfamiliar with your MOS so use easily understood terms. Make it reader-friendly. If using MOS specific terms, spell them out and **show the acronym in bold in parenthesis**. It is acceptable to use the acronym alone the second time. **Don't overuse bolding effect**, it could be a distraction to board members.

Can list correspondence courses but not subcourses

MILITARY EXPERIENCE:

Jul 97 - Present
Enlisted Assignments NCO
HHC, III Corps
Fort Hood, TX

Jul 94 - Jun 97
Records NCO
Ft Jackson, SC

Jun 93 - Jun 94
Levy Clerk
A Det 516th PSB
APO AP 96205, Korea

List **ALL** military assignments

Concise job description focusing on the unique characteristics of your specific position. List **outstanding achievements** and **additional duties** while in position. Spell out terms that apply to your assignment and then **bold the acronym** for any key terms/buzzwords in your MOS, i.e. Prescribed Load List (**PLL**).

Bold any significant achievements, impact awards, receipt of unit coins, certificates of achievement or appearance before soldier/NCO of the month/qtr boards.

Focus on **measurements of success**. **NOT** just a job description, but how well you did the job. Use **NOOER** bullets as a reference. Mention if you **exceeded standards on a significant inspection/evaluation**. **Bold deployments** or make a separate assignment entry if deployment was for several months.

CIVILIAN EXPERIENCE PERTINENT TO MOS 153A: (If none, then omit this part)

Jan 90 - Dec 90
Secretary
Kelly Temporary Services
Grand Rapids, MI

Use same guidance as above. Explain any relevant experience or training you obtained that pertains to the requested WO MOS. Leave blank if no relevant civilian experience.

SUMMARY:

Write a paragraph or two explaining why you are fully qualified to perform the duties of a warrant officer in your skill. This is a very important part of the resume. Make this a call to action, but do so without turning off the reader. Include in **bold type** all of your **significant accomplishments/achievements (below-the-zone promotions, impact awards, noteworthy distinctions, deployments, challenging assignments, unique skills in MOS, standards exceeded on a significant inspection/evaluation, etc)** mentioned earlier and explain how you are exceptionally qualified and have the leadership, management and technical skills needed to become a WO. Answer this question: **What have you done or accomplished that sets you apart from your peers?** (Additionally, aviator applicants should include why they want to be an Aviator.)

SIGNATURE & DATE

Other notes:

- Use plain white paper, black ink and a 12 point standard font such as Arial or Times New Roman.
- Don't go through a big expense. Prepare the resume yourself, but do a quality job.
- If you are non-Army, the resume takes on increased importance in conveying your qualifications to become an Army Warrant Officer.

UPDATED, SIGNED AND DATED

RELEVANT INFORMATION SHOULD MATCH EACH OTHER AND NCOERS

DA FORM 2A

AND

DA FORM 2-1

Provide all DA Form 2166-8s

(Letterhead)

(Office symbol)

(Date)

MEMORANDUM FOR Office of the Chief, Army Reserve, Retention and Transition
Division (DAAR-RTD-WO), 1401 Deshler Street, SW, Ft. McPherson, GA 30330-2000

SUBJECT: Missing NCOER's

1. Explain why NCOER's are missing and what action has been taken to recover them.
2. Please continue to consider my packet for warrant officer candidacy.

(Signature)

(Full Name)

(Rank)

(SSN)

Note: A separate waiver request must be submitted for each prerequisite.

SERVICE SCHOOL ACADEMIC EVALUATION REPORT For use of this form, see AR 623-1; the proponent agency is MILPERCEN.				DATE	
1. LAST NAME - FIRST NAME - MIDDLE INITIAL		2. SSN	3. GRADE	4. BR	5. SPECIALTY/MOSC
6. COURSE TITLE		7. NAME OF SCHOOL			8. COMP
9. TYPE OF REPORT <input type="checkbox"/> RESIDENT <input type="checkbox"/> NONRESIDENT	10. PERIOD OF REPORT (Year, month, day) From: Thru:		11. DURATION OF COURSE (Year, month, day) From: Thru:		
	12. EXPLANATION OF NONRATED PERIODS				
13. PERFORMANCE SUMMARY *a. <input type="checkbox"/> EXCEEDED COURSE STANDARDS (Limited to 20% of class enrollment) b. <input type="checkbox"/> ACHIEVED COURSE STANDARDS *c. <input type="checkbox"/> MARGINALLY ACHIEVED COURSE STANDARDS *d. <input type="checkbox"/> FAILED TO ACHIEVE COURSE STANDARDS *Rating must be supported by comments in ITEM 16.			14. DEMONSTRATED ABILITIES a. WRITTEN COMMUNICATION <input type="checkbox"/> NOT EVALUATED <input type="checkbox"/> UNSAT <input type="checkbox"/> SAT <input type="checkbox"/> SUPERIOR b. ORAL COMMUNICATION <input type="checkbox"/> NOT EVALUATED <input type="checkbox"/> UNSAT <input type="checkbox"/> SAT <input type="checkbox"/> SUPERIOR c. LEADERSHIP SKILLS <input type="checkbox"/> NOT EVALUATED <input type="checkbox"/> UNSAT <input type="checkbox"/> SAT <input type="checkbox"/> SUPERIOR d. CONTRIBUTION TO GROUP WORK <input type="checkbox"/> NOT EVALUATED <input type="checkbox"/> UNSAT <input type="checkbox"/> SAT <input type="checkbox"/> SUPERIOR e. EVALUATION OF STUDENT'S RESEARCH ABILITY <input type="checkbox"/> NOT EVALUATED <input type="checkbox"/> UNSAT <input type="checkbox"/> SAT <input type="checkbox"/> SUPERIOR (SUPERIOR/UNSAT rating must be supported by comments in ITEM 16)		
15. HAS THE STUDENT DEMONSTRATED THE ACADEMIC POTENTIAL FOR SELECTION TO HIGHER LEVEL SCHOOLING/TRAINING? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A (A "NO" response must be supported by comments in ITEM 16)					
16. COMMENTS (This item is intended to obtain a word picture of each student that will accurately and completely portray academic performance, intellectual qualities, and communication skills and abilities. The narrative should also discuss broader aspects of the student's potential, leadership capabilities, moral and overall professional qualities. In particular, comments should be made if the student failed to respond to recommendations for improving academic or personal affairs)					
17. AUTHENTICATION					
a. TYPED NAME, GRADE, BRANCH, AND TITLE OF PREPARING OFFICER			SIGNATURE		
b. TYPED NAME, GRADE, BRANCH, AND TITLE OF REVIEWING OFFICER			SIGNATURE		
18. MILITARY PERSONNEL OFFICER					
a. FORWARDING ADDRESS (Rated student)			b. DISTRIBUTION <input type="checkbox"/> STUDENT <input type="checkbox"/> UNIT CDR (P/B NCOES only) <input type="checkbox"/> STUDENT'S OFFICIAL MILITARY RECORDS		

(Letterhead)

(Office Symbol)

(Date)

MEMORANDUM FOR RECORD

SUBJECT: **Security Clearance/Access Determination**

1. Reference Army Regulation 380-67, 9 September 1988, Department of the Army Personnel Security Program.

2. This memorandum provides security clearance/access confirmation of the following names individual assigned for duty at the _____ Regional Readiness Command:

a. NAME/RANK/SSN:

b. TYPE/DATE OF INVESTIGATION: BI/5 April 1988, Granted 27 August 1988.
Periodic reinvestigation is open at DSS. Current clearance/access remains valid.

c. AUTHORIZED ACCESS UP AR 380-67 *******SECRET*******

3. Point of contact for further information is the undersigned at (xxx) xxx-xxxx.

FIRST M. LAST
Rank, USA
Command Security Manager

**CERTIFICATE OF ACKNOWLEDGEMENT AND UNDERSTANDING OF SERVICE REQUIREMENTS
FOR INDIVIDUALS APPLYING FOR APPOINTMENT IN THE USAR
UNDER THE PROVISIONS OF AR 135-100, OR 135-101, AS APPLICABLE
- INDIVIDUALS WITHOUT PRIOR SERVICE -**

For use of this form, see AR 135-100; the proponent agency is ODCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 10 USC 651, 10 USC 270.

PRINCIPAL PURPOSE: Used together with application for appointment to insure individual understanding of the 8-year statutory obligation.

ROUTINE USES: Information is used to establish and record the obligation incurred by the officer. The SSN is used to identify the member.

DISCLOSURE: Disclosure of your Social Security Number is voluntary. However, failure to disclose your SSN may be cause for denying your application for appointment.

INSTRUCTIONS: *This Certificate of Acknowledgement and Understanding of Service Requirements will be executed and submitted in 3 copies with the application for appointment as a commissioned or warrant officer in the USAR by all interested applicants without prior service.*

In connection with your application for appointment as a commissioned or warrant officer in the Army Reserve under the provisions of AR 135-100 *, there are certain service obligations that you will incur if a commission is offered and you accept. The are explained in detail below. This information should be carefully studied prior to acknowledgement.

This form with your signature will be submitted with your request for appointment and indicates that you understand and accept all of the service requirements contained herein.

Copies of this form with your signature will become part of your Official File if you are selected for appointment.

CERTIFICATION

If I accept an appointment as a commissioned or warrant officer in the US Army Reserve, I understand and agree to comply with the following service requirements:

1. I will incur a statutory military service obligation of 8 years commencing with the effective date of appointment.
2. Appointment under this program requires that I agree to participate satisfactorily in the Army Reserve during the entire period that I am a commissioned or warrant officer in accordance with the rules and regulations now in effect, or which may hereafter be placed into effect by proper authority.
3. I will enter on active duty for the period stipulated in my application or such lesser period as determined by the Department of the Army and upon completion of active duty I will be required to participate in the Army Reserve as follows:
 - a. If I am mandatorily assigned or voluntarily join a Reserve unit I will be required to attend all scheduled unit training assemblies (at least 48 per year) unless excused by proper authority.
 - b. As a member of a unit, I may be required to satisfactorily complete a period of annual active duty for training of not less than 14 days per year exclusive of travel time.
 - c. If I am not assigned to a unit, I will be assigned to the Individual Ready Reserve (IRR), and while so assigned I may be required to perform not more than 30 days active duty for training annually.
 - d. While a member of the IRR, I may be subject to assignment or reassignment to a unit.
 - e. For as long as I hold this appointment I am responsible for notifying my unit or IRR commander of the mailing address at which I will receive official orders and/or correspondence. It is also my responsibility to apply to and/or comply

**Enter applicable regulation that appointment is being tendered under AR 135-100, or AR 135-101.*

with all official orders and correspondence which I may receive. I understand that failure to notify my commander of an address where I can be reached or to comply with all official orders and correspondence could result in my being considered for elimination.

4. That as a Reserve Officer of the Army, I can become an officer of the Army National Guard of the United States if I am appointed and Federally recognized in the Army National Guard of a State, Puerto Rico, or the District of Columbia. I understand further that satisfactory service as a commissioned officer of the Army National Guard of the United States constitutes service in the Ready Reserve; accordingly, if Ready Reserve service in an appropriate activity of the United States Army Reserve is not available to me, I agree to accept appointment in the Army National Guard of a state *(including the District of Columbia and Puerto Rico)* in which I am residing, if tendered and to complete my Ready Reserve service as an officer of the Army National Guard of the United States.

During the time that I am a commissioned or warrant officer and a member of the Ready Reserve I may at any time be ordered to active duty involuntarily as an individual or as a member of a unit in the event of war or emergency declared by Congress, or the President of the United States, or under any other condition authorized by law in effect at the time of my appointment, or which may hereafter be enacted into law.

I, the undersigned, having voluntarily elected to apply for appointment as a commissioned or warrant officer of the United States Army Reserve, acknowledge that all of the conditions of said appointment are understood and acceptable.

SAMPLE

TYPED NAME OF APPLICANT <i>(Last - First - Middle Initial)</i>	SOCIAL SECURITY NUMBER
DOE, JOHN P.	111-11-1111
SIGNATURE	DATE
MUST SIGN	MUST DATE

**CERTIFICATE OF ACKNOWLEDGEMENT AND UNDERSTANDING OF SERVICE REQUIREMENTS
FOR INDIVIDUALS APPLYING FOR APPOINTMENT IN THE USAR UNDER THE PROVISIONS OF
AR 135-100, OR AR 135-101, AS APPLICABLE - INDIVIDUALS WITHOUT A STATUTORY SERVICE OBLIGATION**

For use of this form, see AR 135-100; proponent agency is ODCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 10 USC 270.
PRINCIPAL PURPOSE: Used together with application for appointment to insure individual understanding of the service requirements.
ROUTINE USES: Information is used to establish and record the contractual service obligation incurred by the officer. The SSN is used to identify the member.
DISCLOSURE: Disclosure of your Social Security Number is voluntary. However, failure to disclose your SSN may be cause for denying your application for appointment.

INSTRUCTIONS: *This Certificate of Acknowledgement and Understanding of Service Requirements will be executed and submitted in 3 copies with application for appointment as a commissioned or warrant officer in the USAR by all interested applicants who do not have a statutory service obligation.*

In connection with your application for appointment as a commissioned or warrant officer in the Army Reserve under the provisions of AR 135-100 (Applicable AR) * there are certain service obligations that you will incur if a commission is offered and you accept. They are explained in detail below. Individuals discharged prior to completing their statutory obligation incur a contractual obligation upon service reentry and are required to serve the number of years, months and days that were not served in their previous statutory obligation. This information should be carefully studied prior to acknowledgement.

This form with your signature will be submitted with your request for appointment and indicates that you understand and accept all of the contractual service requirements contained herein. Copies of this form with your signature will become part of your Official File if selected for appointment.

CERTIFICATION

If I accept an appointment as a commissioned or warrant officer in the US Army Reserve, I understand and agree to comply with the following service requirements for the entire period that I hold a USAR appointment. If an AMEDD volunteer, I agree to fulfill my contractual obligation under my active duty commitment. When I am released from active duty as an AMEDD officer, I will comply with the following USAR service requirements should a contractual obligation remain.

1. I agree to participate satisfactorily in the Army Reserve during the entire period that I am a commissioned or warrant officer in accordance with the rules and regulations now in effect or which may hereafter be placed into effect by proper authority.
2. I will enter on active duty or active duty for training when ordered by competent authority. Upon completion of active duty or active duty for training, I will participate in the Army Reserve as follows:
 - a. As a member of a Reserve Unit, I will attend all scheduled unit training assemblies (at least 48 per year) unless excused by proper authority.
 - b. As a member of a unit, I will satisfactorily complete one period of annual active duty for training of not less than 14 days per year exclusive of travel time.
 - c. If I am not assigned to a unit, I will be assigned to the individual Ready Reserve (IRR) and while so assigned, if so ordered by competent authority, will perform not more than 30 days active duty for training annually.
 - d. I will keep my commander advised of my current mailing address at which I will receive official correspondence.
 - e. I will reply to, and comply with all official orders and correspondence which I may receive.

During the time that I am a commissioned or warrant officer and a member of the Ready Reserve, I may at any time be ordered to active duty involuntarily as an individual, or as a member of a unit in the event of war or emergency declared by Congress, or the President of the United States, or under any other conditions authorized by law in effect at the time of my appointment, or which may hereafter be enacted into law.

I, the undersigned having voluntarily elected to apply for appointment as a commissioned or warrant officer of the United States Army Reserve acknowledge that all of the conditions of said appointment are understood and acceptable.

DATE MUST DATE	SOCIAL SECURITY NUMBER 111-11-1111
NAME (Typed) (Last, First, MI) DOE, JOHN P	SIGNATURE MUST SIGN

**Enter applicable regulation that appointment is being tendered under (AR 135-100, or AR 135-101)*

(Letterhead)

(Office Symbol)

(Date)

Statement of Understanding for Appointment as a Warrant Officer

I understand that if I am appointed as a warrant officer in the Reserve of the Army with concurrent active duty, that this appointment is contingent upon technical and tactical certification by successful completion of the appropriate Warrant Officer Basic Course (WOBC) unless I have been pre-certified by the WO MOS proponent.

I further understand that if I am appointed as a warrant officer in the reserve of the Army without concurrent active duty, that this appointment is contingent upon technical and tactical certification by successful completion of the appropriate Warrant Officer Basic Course (WOBC) within two years of appointment unless I have been pre-certified by the WO MOS proponent of unless extended by HQDA.

I also understand that if I am eliminated from, or fail to successfully complete the technical and tactical certification as specified above, I may be subject to discharge, under regulations in effect at the time, from the Reserve of the Army.

(Signature)

(Name typed)

(SSN)

LAST NAME - FIRST NAME - MIDDLE NAME (SUFFIX) DOE, JOHN P.										SOCIAL SECURITY NUMBER 111-11-1111																					
LABORATORY FINDINGS																															
45. URINALYSIS					a. Albumin					46. URINE HCG					47. H/H					48. BLOOD TYPE											
					b. Sugar																										
TESTS					RESULTS										HIV SPECIMEN ID LABEL					DRUG TEST SPECIMEN ID LABEL											
49. HIV																															
50. DRUGS																															
51. ALCOHOL																															
52. OTHER																															
a. PAP SMEAR																															
b.																															
c.																															
MEASUREMENTS AND OTHER FINDINGS																															
53. HEIGHT			54. WEIGHT lbs.			55. MIN WGT - MAX WGT				MAX BF %				56. TEMPERATURE				57. PULSE													
58. BLOOD PRESSURE										59. RED/GREEN (Army Only)										60. OTHER VISION TEST											
a. 1ST			b. 2ND			c. 3RD																									
SYS.			SYS.			SYS.																									
DIAS.			DIAS.			DIAS.																									
61. DISTANT VISION										62. REFRACTION BY AUTOREFRACTION OR MANIFEST										63. NEAR VISION											
Right 20/			Corr. to 20/			By				S.				CX				Right 20/			Corr. to 20/			by							
Left 20/			Corr. to 20/			By				S.				CX				Left 20/			Corr. to 20/			by							
64. HETEROPHORIA (Specify distance)																															
ES °		EX °		R.H.				L.H.				Prism div.				Prism Conv				NPR				PD							
65. ACCOMMODATION										66. COLOR VISION (Test used and result)										67. DEPTH PERCEPTION (Test used and score) AFVT											
Right			Left			PIP				/14				Uncorrected				Corrected													
68. FIELD OF VISION										69. NIGHT VISION (Test used and score)										70. INTRAOCULAR TENSION											
																				O.D.				O.S.							
71a. AUDIOMETER					Unit Serial Number										71b. Unit Serial Number					72a. READING ALOUD											
					Date Calibrated (YYYYMMDD)															TEST											
HZ		500		1000		2000		3000		4000		6000		HZ		500		1000		2000		3000		4000		6000		SAT		UNSAT	
Right														Right														72b. VALSALVA			
Left														Left														SAT		UNSAT	
73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY (Use additional sheets if necessary.)																															

CERTIFIED TRUE COPY
 DATE:
 BY:

REPORT OF MEDICAL HISTORY

(This information is for official and medically confidential use only and will not be released to unauthorized persons.)

Form Approved
OMB No. 0704-0413
Expires Aug 31, 2003

The public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0413), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS. RETURN COMPLETED FORM AS INDICATED ON PAGE 2.

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 504, 505, 507, 532, 978, 1201, 1202, and 4346; and E.O. 9397.

PRINCIPAL PURPOSE(S): To obtain medical data for determination of medical fitness for enlistment, induction, appointment and retention for applicants and members of the Armed Forces. The information will also be used for medical boards and separation of Service members from the Armed Forces.

ROUTINE USE(S): None.

DISCLOSURE: Voluntary; however, failure by an applicant to provide the information may result in delay or possible rejection of the individual's application to enter the Armed Forces. For an Armed Forces member, failure to provide the information may result in the individual being placed in a non-deployable status.

WARNING: The information you have given constitutes an official statement. Federal law provides severe penalties (up to 5 years confinement or a \$10,000 fine or both), to anyone making a false statement. If you are selected for enlistment, commission, or entrance into a commissioning program based on a false statement, you can be tried by military courts-martial or meet an administrative board for discharge and could receive a less than honorable discharge that would affect your future.

1. LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX) DOE, JOHN P.		2. SOCIAL SECURITY NUMBER 111-11-1111	3. TODAY'S DATE (YYYYMMDD) 20030814
4.a. HOME ADDRESS (Street, Apartment No., City, State, and ZIP Code)		5. EXAMINING LOCATION AND ADDRESS (Include ZIP Code) Department of the Army Aviation Troop Medical Clinic Ireland Army Community Hospital Ft Knox, Ky 40121-5520	
b. HOME TELEPHONE (Include Area Code) (555) 555-1235		CERTIFIED TRUE COPY DATE: BY:	
X ALL APPLICABLE BOXES:			7.a. POSITION (Title, Grade, Component)
6.a. SERVICE <input checked="" type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Navy <input type="checkbox"/> Marine Corps <input type="checkbox"/> Air Force	6.b. COMPONENT <input type="checkbox"/> Active Duty <input checked="" type="checkbox"/> Reserve <input type="checkbox"/> National Guard	6.c. PURPOSE OF EXAMINATION <input type="checkbox"/> Enlistment <input checked="" type="checkbox"/> Commission <input type="checkbox"/> Retention <input type="checkbox"/> Separation <input type="checkbox"/> Medical Board <input type="checkbox"/> Retirement <input type="checkbox"/> U.S. Service Academy <input type="checkbox"/> ROTC Scholarship Program	b. USUAL OCCUPATION
8. CURRENT MEDICATIONS (Prescription and Over-the-counter)		9. ALLERGIES (Including insect bites/stings, foods, medicine or other substance)	

Mark each item "YES" or "NO". Every item marked "YES" must be fully explained in Item 29 on Page 2.

HAVE YOU EVER HAD OR DO YOU NOW HAVE:		YES	NO	12. (Continued)		YES	NO
10.a. Tuberculosis		<input type="radio"/>	<input type="radio"/>	f. Foot trouble (e.g., pain, corns, bunions, etc.)		<input type="radio"/>	<input type="radio"/>
b. Lived with someone who had tuberculosis		<input type="radio"/>	<input type="radio"/>	g. Impaired use of arms, legs, hands, or feet		<input type="radio"/>	<input type="radio"/>
c. Coughed up blood		<input type="radio"/>	<input type="radio"/>	h. Swollen or painful joint(s)		<input type="radio"/>	<input type="radio"/>
d. Asthma or any breathing problems related to exercise, weather, pollens, etc.		<input type="radio"/>	<input type="radio"/>	i. Knee trouble (e.g., locking, giving out, pain or ligament injury, etc.)		<input type="radio"/>	<input type="radio"/>
e. Shortness of breath		<input type="radio"/>	<input type="radio"/>	j. Any knee or foot surgery including arthroscopy or the use of a scope to any bone or joint		<input type="radio"/>	<input type="radio"/>
f. Bronchitis		<input type="radio"/>	<input type="radio"/>	k. Any need to use corrective devices such as prosthetic devices, knee brace(s), back support(s), lifts or orthotics, etc.		<input type="radio"/>	<input type="radio"/>
g. Wheezing or problems with wheezing		<input type="radio"/>	<input type="radio"/>	l. Bone, joint, or other deformity		<input type="radio"/>	<input type="radio"/>
h. Been prescribed or used an inhaler		<input type="radio"/>	<input type="radio"/>	m. Plate(s), screw(s), rod(s) or pin(s) in any bone		<input type="radio"/>	<input type="radio"/>
i. A chronic cough or cough at night		<input type="radio"/>	<input type="radio"/>	n. Broken bone(s) (cracked or fractured)		<input type="radio"/>	<input type="radio"/>
j. Sinusitis		<input type="radio"/>	<input type="radio"/>	13.a. Frequent indigestion or heartburn		<input type="radio"/>	<input type="radio"/>
k. Hay fever		<input type="radio"/>	<input type="radio"/>	b. Stomach, liver, intestinal trouble, or ulcer		<input type="radio"/>	<input type="radio"/>
l. Chronic or frequent colds		<input type="radio"/>	<input type="radio"/>	c. Gall bladder trouble or gallstones		<input type="radio"/>	<input type="radio"/>
11.a. Severe tooth or gum trouble		<input type="radio"/>	<input type="radio"/>	d. Jaundice or hepatitis (liver disease)		<input type="radio"/>	<input type="radio"/>
b. Thyroid trouble or goiter		<input type="radio"/>	<input type="radio"/>	e. Rupture/hernia		<input type="radio"/>	<input type="radio"/>
c. Eye disorder or trouble		<input type="radio"/>	<input type="radio"/>	f. Rectal disease, hemorrhoids or blood from the rectum		<input type="radio"/>	<input type="radio"/>
d. Ear, nose, or throat trouble		<input type="radio"/>	<input type="radio"/>	g. Skin diseases (e.g. acne, eczema, psoriasis, etc.)		<input type="radio"/>	<input type="radio"/>
e. Loss of vision in either eye		<input type="radio"/>	<input type="radio"/>	h. Frequent or painful urination		<input type="radio"/>	<input type="radio"/>
f. Worn contact lenses or glasses		<input type="radio"/>	<input type="radio"/>	i. High or low blood sugar		<input type="radio"/>	<input type="radio"/>
g. A hearing loss or wear a hearing aid		<input type="radio"/>	<input type="radio"/>	j. Kidney stone or blood in urine		<input type="radio"/>	<input type="radio"/>
h. Surgery to correct vision (RK, PRK, LASIK, etc.)		<input type="radio"/>	<input type="radio"/>	k. Sugar or protein in urine		<input type="radio"/>	<input type="radio"/>
12.a. Painful shoulder, elbow or wrist (e.g. pain, dislocation, etc.)		<input type="radio"/>	<input type="radio"/>	l. Sexually transmitted disease (syphilis, gonorrhea, chlamydia, genital warts, herpes, etc.)		<input type="radio"/>	<input type="radio"/>
b. Arthritis, rheumatism, or bursitis		<input type="radio"/>	<input type="radio"/>	14.a. Adverse reaction to serum, food, insect stings or medicine		<input type="radio"/>	<input type="radio"/>
c. Recurrent back pain or any back problem		<input type="radio"/>	<input type="radio"/>	b. Recent unexplained gain or loss of weight		<input type="radio"/>	<input type="radio"/>
d. Numbness or tingling		<input type="radio"/>	<input type="radio"/>	c. Currently in good health (If no, explain in Item 29 on Page 2.)		<input type="radio"/>	<input type="radio"/>
e. Loss of finger or toe		<input type="radio"/>	<input type="radio"/>	d. Tumor, growth, cyst, or cancer		<input type="radio"/>	<input type="radio"/>

LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX) DOE, JOHN P.		SOCIAL SECURITY NUMBER 111-11-1111	
Mark each item "YES" or "NO". Every item marked "YES" must be fully explained in Item 29 below.			
HAVE YOU EVER HAD OR DO YOU NOW HAVE:		YES NO	
15.a. Dizziness or fainting spells		<input type="radio"/> YES <input type="radio"/> NO	
b. Frequent or severe headache		<input type="radio"/> YES <input type="radio"/> NO	
c. A head injury, memory loss or amnesia		<input type="radio"/> YES <input type="radio"/> NO	
d. Paralysis		<input type="radio"/> YES <input type="radio"/> NO	
e. Seizures, convulsions, epilepsy or fits		<input type="radio"/> YES <input type="radio"/> NO	
f. Car, train, sea, or air sickness		<input type="radio"/> YES <input type="radio"/> NO	
g. A period of unconsciousness or concussion		<input type="radio"/> YES <input type="radio"/> NO	
h. Meningitis, encephalitis, or other neurological problems		<input type="radio"/> YES <input type="radio"/> NO	
16.a. Rheumatic fever		<input type="radio"/> YES <input type="radio"/> NO	
b. Prolonged bleeding <i>(as after an injury or tooth extraction, etc.)</i>		<input type="radio"/> YES <input type="radio"/> NO	
c. Pain or pressure in the chest		<input type="radio"/> YES <input type="radio"/> NO	
d. Palpitation, pounding heart or abnormal heartbeat		<input type="radio"/> YES <input type="radio"/> NO	
e. Heart trouble or murmur		<input type="radio"/> YES <input type="radio"/> NO	
f. High or low blood pressure		<input type="radio"/> YES <input type="radio"/> NO	
17.a. Nervous trouble of any sort <i>(anxiety or panic attacks)</i>		<input type="radio"/> YES <input type="radio"/> NO	
b. Habitual stammering or stuttering		<input type="radio"/> YES <input type="radio"/> NO	
c. Loss of memory or amnesia, or neurological symptoms		<input type="radio"/> YES <input type="radio"/> NO	
d. Frequent trouble sleeping		<input type="radio"/> YES <input type="radio"/> NO	
e. Received counseling of any type		<input type="radio"/> YES <input type="radio"/> NO	
f. Depression or excessive worry		<input type="radio"/> YES <input type="radio"/> NO	
g. Been evaluated or treated for a mental condition		<input type="radio"/> YES <input type="radio"/> NO	
h. Attempted suicide		<input type="radio"/> YES <input type="radio"/> NO	
i. Used illegal drugs or abused prescription drugs		<input type="radio"/> YES <input type="radio"/> NO	
18. FEMALES ONLY. Have you ever had or do you now have:			
a. Treatment for a gynecological (female) disorder		<input type="radio"/> YES <input type="radio"/> NO	
b. A change of menstrual pattern		<input type="radio"/> YES <input type="radio"/> NO	
c. Any abnormal PAP smears		<input type="radio"/> YES <input type="radio"/> NO	
d. First day of last menstrual period (YYYYMMDD)		<input type="radio"/> YES <input type="radio"/> NO	
e. Date of last PAP smear (YYYYMMDD)		<input type="radio"/> YES <input type="radio"/> NO	
19. Have you been refused employment or been unable to hold a job or stay in school because of:			
a. Sensitivity to chemicals, dust, sunlight, etc.		<input type="radio"/> YES <input type="radio"/> NO	
b. Inability to perform certain motions		<input type="radio"/> YES <input type="radio"/> NO	
c. Inability to stand, sit, kneel, lie down, etc.		<input type="radio"/> YES <input type="radio"/> NO	
d. Other medical reasons <i>(If yes, give reasons.)</i>		<input type="radio"/> YES <input type="radio"/> NO	
20. Have you ever been treated in an Emergency Room? <i>(If yes, for what?)</i>		<input type="radio"/> YES <input type="radio"/> NO	
21. Have you ever been a patient in any type of hospital? <i>(If yes, specify when, where, why, and name of doctor and complete address of hospital.)</i>		<input type="radio"/> YES <input type="radio"/> NO	
22. Have you ever had, or have you been advised to have any operations or surgery? <i>(If yes, describe and give age at which occurred.)</i>		<input type="radio"/> YES <input type="radio"/> NO	
23. Have you ever had any illness or injury other than those already noted? <i>(If yes, specify when, where, and give details.)</i>		<input type="radio"/> YES <input type="radio"/> NO	
24. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? <i>(If yes, give complete address of doctor, hospital, clinic, and details.)</i>		<input type="radio"/> YES <input type="radio"/> NO	
25. Have you ever been rejected for military service for any reason? <i>(If yes, give date and reason for rejection.)</i>		<input type="radio"/> YES <input type="radio"/> NO	
26. Have you ever been discharged from military service for any reason? <i>(If yes, give date, reason, and type of discharge; whether honorable, other than honorable, for unfitness or unsuitability.)</i>		<input type="radio"/> YES <input type="radio"/> NO	
27. Have you ever received, is there pending, or have you ever applied for pension or compensation for any disability or injury? <i>(If yes, specify what kind, granted by whom, and what amount, when, why.)</i>		<input type="radio"/> YES <input type="radio"/> NO	
28. Have you ever been denied life insurance?		<input type="radio"/> YES <input type="radio"/> NO	
29. EXPLANATION OF "YES" ANSWER(S) <i>(Describe answer(s), give date(s) of problem, name of doctor(s) and/or hospital(s), treatment given and current medical status.)</i>			

CERTIFIED TRUE COPY
 DATE:
 BY:

NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL PERSONNEL ONLY."

LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX) DOE, JOHN P.		SOCIAL SECURITY NUMBER 111-11-1111
30. EXAMINER'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA <i>(Physician/practitioner shall comment on all positive answers in questions 10 - 29. Physician/practitioner may develop by interview any additional medical history deemed important, and record any significant findings here.)</i>		
a. COMMENTS		
<h1>SAMPLE</h1>		
b. TYPED OR PRINTED NAME OF EXAMINER <i>(Last, First, Middle Initial)</i>	c. SIGNATURE SIGNED	d. DATE SIGNED <i>(YYYYMMDD)</i> DATED

Statement of acknowledgment for accommodation of religious practices

Department of Defense policy is to accommodate religious practices when accommodation will not have an adverse impact on military readiness, unit cohesion, standards, health, safety or discipline.

The Army places a high value on the rights of its members to observe the tenets of their respective religions.

Unit Commanders are authorized to initially approve or deny requests for accommodation of religious practices. Conditions of accommodation may change based on military need.

Policy guidelines are contained in AR 600-20 and AR 165-20.

I understand that the Army cannot guarantee accommodation of religious practices.

(Signed)

(Date)